

## **HOMEOWNERSHIP ASSISTANCE & HARP GRANT PROGRAMS**

### **DATA EXCHANGE GATEWAY (DEG) WEB SITE AUTHORIZATION FORM**

#### **Lenders and Closing/Title Companies**

Lender or Closing/Title Company (company name):		
Contact Name:	Title:	
Address:		
Phone:	Fax:	E-mail:

*I am a duly authorized representative of the lending institution or closing/title company identified above and will serve as the lending institution or closing/title company main contact person at this business location. I have the authority to submit grant applications on behalf of the lending institution clients or the closing/title company clients.*

***I hereby request a User ID and Password to access the Data Exchange Gateway system to securely submit grant applications and other pertinent documents.***

*I also authorize the individual(s) listed below (at least one additional individual recommended) to have access to the Data Exchange Gateway secure Web site.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### AUTHORIZATION FOR ADDITIONAL USERS

Name:	Phone:	Fax:
Email:		
Address:		

Name:	Phone:	Fax:
Email:		
Address:		

Name:	Phone:	Fax:
E-mail:		
Address:		

**SCAN AND EMAIL FORM TO [agsettlement@michigan.gov](mailto:agsettlement@michigan.gov)**